

M24000011788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

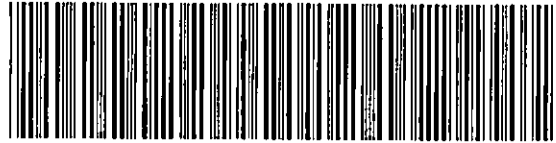
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-127365

Office Use Only



600433802236

2024 SEP 10 PM 3:40

RECEIVED

2024 SEP 10 PM 2:56

RECEIVED

CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 13 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2024

INCORPORATING SERVICES

SUBJECT: IC PARTNERS LLC
Ref. Number: W24000127365

*Hi Kyle,
The \$638.75 amount
is authorized, thanks!!*

*Please honor the
original submission date
as the file date. Thanks! :)*

We have received your document for IC PARTNERS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total penalty fees due would be \$638.75. Please adjust the authorized amount to be debited from the account.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 624A00020289

2024 SEP 13 AM 9:49
RECEIVED
REGISTRATION DIVISION
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/15/2024 BY 60322/UC/STP

*Please honor the
original submission date
as the file date. Thanks! :)*

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 09/10/2024

PRIORITY Routine

OUR REF # (Order ID#) Jacob

ORDER ENTITY

IC Partners, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

IC Partners, LLC

Please file the attached qualification filing and provide a certified copy and certificate of status.

NOTES:

\$298.75 Authorized (\$125.00 filing fee, \$138.75 annual report fee, \$30.00 certified copy and \$5.00 certificate of status fee.

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. IC Partners LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 45-3687594
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/8/23
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 17985 SE Village Circle, Tequesta, FL 33469 17985 SE Village Circle, Tequesta, FL 33469
(Street Address of Principal Office) (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorporating Services, Ltd.
Office Address: 1540 Glenway Drive
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Melissa A. Moreau
(Registered agent's signature)

2024 SEP 10 PM 3:40
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>		<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Constance Clapp</u>		<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>17985 SE Village Circle,</u>		<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Tequesta, FL 33469</u>	Text	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____		<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____		<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____		<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____		<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____		<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____		<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized, (if the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Constance Clapp

Signature of an authorized person

Constance Clapp

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IC PARTNERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IC PARTNERS LLC" WAS FORMED ON THE TWELFTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4560992 8300

SR# 20243464620

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204202327

Date: 08-20-24